- 1 Legend: (Proposed New Rules)
- 2 Regular Print = Proposed new language

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RULE §103.10 Purpose and Purview

- (a) These sections implement the following Health and Safety Codes:
- (1) Chapter 92 authorizes the Texas Board of Health to adopt rules concerning the reporting and control of injuries;
- (2) Chapter 773, §§773.112(c) and 773.113(a)(3), requires the Department to establish and maintain a trauma reporting and analysis system;
- (3) The Texas Department of Health and the Texas Board of Health were abolished by Chapter 198, §§1.18 and 1.26, 78th Legislature, Regular Session, 2003. Health and Safety Code, Chapter 1001, establishes the Department of State Health Services (Department), which now administers these programs. Government Code, §531.0055, provides authority to the Executive Commissioner of the Health and Human Services Commission to adopt rules for the Department.

- (b) The Commissioner or the Commissioner's designee shall, as circumstances may require, proceed as follows:
- (1) May contact a medical examiner, justice of the peace, physician, hospital, or acute or post-acute rehabilitation facility attending a person with a case or suspected case of a required reportable event.
- (2) May provide aggregate data with the suppression of values at the discretion of the Registry.
 - (3) May release data to other areas of the Department.
- (4) May give information concerning the injury or its prevention to the patient or a responsible member of the patient's household to prevent further injury.
- (5) May collect, or cause to be collected, medical, demographic, or epidemiological information from any medical or laboratory record or file to help the Department in the epidemiologic evaluation of injuries and their causes.
- (6) Investigation may be made by staff of the Department for verifying the diagnosis, ascertaining the cause of the injury, obtaining a history of circumstances surrounding the injury, and discovering unreported cases.
- (A) May enter at reasonable times and inspect within reasonable limits, a public place or building, including a public conveyance, in the commissioner's duty to prevent injury.
- (B) May not enter a private residence to conduct an investigation about the causes of injuries without first receiving permission from a lawful adult occupant of the residence.

RULE §103.11 Definitions

The following words and terms, when used in these sections, shall have the following meanings, unless the context clearly indicates otherwise.

(1) Business Associate--A covered entity performing a function on behalf of an entity reporting under this Rule §103; as defined in 45 Code of Federal Regulation (CFR) §160.103

(2) Call for Assistance --An event where an EMS provider is activated via an internal communication system or by a 9-1-1 operator

(3) Case--A person in whom an injury is identified by a physician or medical examiner based upon clinical evaluation, interpretation of laboratory and/or roentgenographic findings, and an appropriate exposure history

(4) Commissioner--Executive Commissioner of the Health and Human Services Commission

(5) Department--The Texas Department of State Health Services (DSHS), 1100 West 49th Street, Austin, Texas 78756-3180

(6) Electronic Reporting--Submitting data by computer in a format prescribed by the Department

(7) Emergency Medical Services (EMS) provider--A person who uses, operates or maintains EMS vehicles and EMS personnel to provide EMS; as defined by Health and Safety Code, §773.003, (11) and Title 25 TAC, Chapter 157, Subchapter A, §157.12 Definitions

(8) Health Authority--A physician appointed as such under Texas Health and Safety Code, Chapter 121.

(9) Injury--Damage to the body resulting from intentional or unintentional acute exposure to thermal, mechanical, electrical, or chemical energy, or from the absence of essentials such as heat or oxygen

(10) Investigation--Fieldwork designed to obtain more information about an incident

(11) Local Health Department--A department created under the Texas Health and Safety Code, Chapter 121.

(12) Paper Reporting--Submitting data on paper in a format prescribed by the Department; if sent by mail or courier, reports shall be placed in a sealed envelope, marked "Confidential Medical Records" to the following address: Attention: EMS/Trauma Registry, Texas Department of State Health Services, 1100 West 49th Street, Austin, Texas 78756-3180

93	(13) Regional RegistryA system that collects, maintains, and reports EMS provider runs
94	and trauma data to the Department for a designated area of the state
95	
96	(14) RegistryThe Texas EMS/Trauma Registry is the staff and the statewide databases
97	housed within the Department; responsible for the collection, maintenance, and evaluation of
98	medical and system information related to required reportable events as defined in this section
99	
100	(15) Reporting EntityAn EMS provider, a Justice of the Peace, a medical examiner, a
101	physician, a hospital, or an acute or post-acute rehabilitation facility
102	
103	(16) Reportable EventAny injury or incident required to be reported under this chapter
104	
105	(17) RunA resulting action from a call for assistance where an EMS provider:
106	(A) is dispatched to, or
107	(B) responds to, or
108	(C) provides care to, or
109	(D) transports a person
110	
111	(18) Spinal Cord Injury (SCI)An acute, traumatic lesion of the neural elements in the
112	spinal canal, resulting in any degree of sensory deficit, motor deficits, or bladder/bowel
113	dysfunction. The following International Classification of Diseases 9th Revision Clinical
114	Modification (ICD-9-CM) diagnostic codes are to be used to identify cases of traumatic spinal
115	cord injury: 806.0-806.9 and 952.0-952.9.
116	
117	(19) Submersion Injurythe process of experiencing respiratory impairment from
118	submersion/immersion in liquid
119	
120	(20) Suspected CaseA case in which an injury is assumed, but a diagnosis is not yet
121	made, as in the example of justices of the peace
122	
123	(21) Third-party ServicesIncludes, but is not limited to a regional registry located in a
124	trauma service area (TSA), a billing agency, or a data reporting agency
125	
126	(22) TraumaAn injury or wound to a living body caused by the application of an
127	external force, including but not limited to violence, burns, poisonings, submersion incidents,
128	traumatic brain injuries, traumatic spinal cord injuries, and suffocations
129	
130	(23) Trauma Service Area (TSA)A multi-county area in which an emergency medical
131	services and trauma care system has been developed by a Regional Advisory Council and has
132	been recognized by the Department
133	
134	(24) Traumatic Brain Injury (TBI)An acquired injury to the brain, including brain
135	injuries caused by anoxia due to submersion incidents. The following International Classification
136	of Diseases 9th Revision Clinical Modification (ICD-9-CM) diagnostic codes are to be used to
137	identify cases of traumatic brain injury: 800.0-801.9, 803.0-804.9, and 850.0-854.1. The ICD-9-

CM diagnostic	c code	to be	used	to identify	traumatic	brain	injury	caused	by	anoxia	due	to
submersion in	cidents	is 348	.1 or 99	94.1.								

(25) Traumatic Injury--An injury listed in the International Classification of Diseases 9th Revision Clinical Modification (ICD-9-CM) diagnostic codes between 800.0 and 959.9, excluding 905-909, 910-924, and 930-939, and admitted to a hospital inpatient setting (for more than 48 hours), or died after receiving any evaluation or treatment or was dead on arrival, or transferred into or out of the hospital.

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(a) All information and records relating to injuries received by the local health authority or the Department, including information electronically submitted to the Registry and information from injury investigations, are sensitive, confidential, and not public records.

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(b) These records shall be held in a secure place and accessed only by authorized personnel. All communications pertaining to these records shall be clearly labeled "Confidential" and will follow established departmental internal protocols and procedures.

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(c) Information or records relating to any personal injury may not be released or made public on subpoena or otherwise, except that release may be made:

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(1) for statistical purposes, if released in a manner that prevents the identification of any person;

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(2) with the consent of each person identified in the information released; or

161 162 (3) to medical personnel in a medical emergency to the extent necessary to protect the health or life of the named person.

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(d) The Department may limit the release of record-level data for medical research to those studies with high scientific merit and have been approved by the DSHS Institutional Review Board.

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(e) A reporting entity may request in writing its own reportable data that has been submitted to the Registry.

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170	RULE §103.13 Who Shall Report and List of Reportable Injuries and Events
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172	(a) EMS ProviderAll runs
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174	(b) Justice of the Peace
175	(1) Submersion injuries
176	(2) Traumatic brain injuries
177	(3) Spinal cord injuries
178	
179	(c) Medical Examiner
180	(1) Submersion injuries
181	(2) Traumatic brain injuries
182	(3) Spinal cord injuries
183	
184	(d) Physician
185	(1) Submersion injuries
186	(2) Traumatic brain injuries
187	(3) Spinal cord injuries
188	(4) However, a physician shall be exempt from reporting, if a hospital or
189	rehabilitation facility admitted the patient and fulfilled the reporting requirements as stated in
190	§103.16 or §103.17 of this title.
191	
192	(e) Hospital
193	(1) Submersion injuries
194	(2) Traumatic brain injuries
195	(3) Spinal cord injuries
196	(4) Other Traumatic injuries
197	
198	(f) Acute or post-acute rehabilitation facility
199	(1) Traumatic brain injuries
200	(2) Spinal cord injuries
201	
202	(g) The above listed professionals or organizations must send all reports of injuries and
203	events listed in this section to the Registry. If the above listed professionals or organizations
204	choose to notify a local or regional health authority to respond on their behalf, the local or
205	regional health authority must report to the Registry within ten workdays.

RULE §103.14 Reporting Requirements for EMS Providers

(a) General Information

- (1) All data should be transmitted at least quarterly; monthly electronic data submissions are recommended.
- (2) EMS providers shall submit data to the Registry within three months of the date of call for assistance.
- (3) EMS providers must complete and submit a No Reportable Data (NRD) Form to the Registry within ninety days of any given month with no runs.

(b) Data Elements and Methods

- (1) All runs, as defined in the Texas EMS/Trauma Registry EMS Data Dictionary, must be submitted electronically to the online Texas DSHS EMS/Trauma Registry System.
- (2) NRD Form -- If an EMS provider does not have any monthly electronic records to transmit because the EMS provider did not receive any calls for assistance, the EMS provider must submit to the Registry, within ninety days, a completed electronic form, prescribed by the Department, stating that it did not have any runs to report for that month.
 - (c) Third-party services
- (1) An EMS provider may use the services of a business associate to transmit an electronic data file to the Department.
- (2) Any third-party service used by an entity reporting under this rule may be a business associate upon conclusion of a business associate agreement between the EMS provider and the third-party service.

232	Peace
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234	(a) General Information
235	(1) All data should be transmitted at least quarterly; monthly electronic data
236	submissions are recommended.
237	(2) Physicians, Medical Examiners, and Justices of the Peace shall submit data to
238	the Registry within three months of the identification of a required reportable event.
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RULE §103.15 Reporting Requirements for Physicians, Medical Examiners, and Justices of the

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(b) Data Elements and Methods--If a specialized reporting system exists for a required reportable event, then the case or suspected case must be submitted to all relevant reporting systems as defined in its respective data dictionary.

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(a) General Information
(1) All data sho

- (1) All data should be transmitted at least quarterly; monthly electronic data submissions are recommended.
- (2) Hospitals shall submit data to the Registry within three months of a patient's discharge from their facility.
- (3) Hospitals must complete and submit a No Reportable Data (NRD) Form to the Registry within ninety days of any given month that the hospital did not treat or document a required reportable event.

(b) Data Elements and Methods:

- (1) All required reportable events, as defined in the Texas DSHS EMS/Trauma Registry Hospital Data Dictionary, must be submitted electronically to the online EMS/Trauma Registry System.
- (2) If a specialized reporting system exists for a required reportable event, then the case or suspected case must be submitted to all relevant reporting systems as defined in its respective data dictionary.
- (3) NRD Form -- If a hospital does not have any monthly electronic records to transmit or paper forms to send because the hospital did not treat or document:
 - (A) a submersion injury,
 - (B) a TBI,
 - (C) an SCI, or
 - (D) any other traumatic injury,

the hospital must complete and submit to the Registry within ninety days, an electronic or paper form prescribed by the Department, stating that it did not have any required reportable events to report for that month.

(c) Third-party services

- (1) A hospital may use the services of a business associate to transmit an electronic data file to the Department.
- (2) Any third-party service used by an entity reporting under this rule may be a business associate upon conclusion of a business associate agreement between the hospital and the third-party service.

277	RULE §103.17 Reporting Requirements for Rehabilitation Facilities
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279	(a) General Information
280	(1) All data should be transmitted at least quarterly; monthly electronic data
281	submissions are recommended.
282	(2) A facility shall submit data to the Registry within three months of a patient's
283	discharge from their facility.
284	
285	(b) Data Elements and Methods:
286	(1) The following data elements must be submitted to the Registry for all required
287	reportable events:
288	(A) patient's name, race/ethnicity, sex, and date of birth;
289	(B) date of injury and cause of injury;
290	(C) date of admission, date of discharge, and discharge destination;
291	(D) functional independence measure score at admission, functional
292	independence measure score at discharge, and diagnoses; and
293	(E) type of services provided, payor, and billed charges.
294	(2) If a specialized reporting system exists for a required reportable event, then
295	the case or suspected case must be submitted to all relevant reporting systems as defined in its
296	respective data dictionary.